

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-012185

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **139**

FILED APR 10 1962

VS 300
Rev. 4/59

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

7 & 13b Married- Eliza Ann

14 Mrs. Mary Louise Weller

17 Mrs. Mary Louise Weller

INSTEAD OF

Widowed-- Anna Eliza

Mrs. Anna Louise Weller

Mrs. Anna Louise Weller

BY AFFIDAVIT OF informant

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in lb 5 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William Heusted WELER		4. DATE OF DEATH Month March Day 30 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 22, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11a. FATHER'S NAME William L. Weller		11b. MOTHER'S MAIDEN NAME Eliza Ann Anna-Eliza Heusted	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		12b. SOCIAL SECURITY NO. World War #1	
13. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH 6 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Left hemiplegia		6 days	
DUE TO (c) Arteriosclerosis		1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) myocardial ischemia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:30 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year March 1962		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Green Ridge, Mo.	COUNTY Pettis STATE Missouri
21. I attended the deceased from 25 March 1962 to 30 March 1962 and last saw her alive on 30 March 1962 Death occurred at 12:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Stanley D. Fisher MD		22b. ADDRESS 500 West 16th Sedalia, Missouri	
22c. DATE SIGNED 31 Mar '62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 2, 1962	23c. NAME OF CEMETERY OR CREMATORY Green Ridge Cemetery	23d. LOCATION (City, town, or county) Green Ridge, Mo.
24. FUNERAL DIRECTOR Glen E. Heck Funeral Home Green Ridge, Mo.		25. DATE RECD. BY LOCAL REG. April 3 1962	26. REGISTRAR'S SIGNATURE Frances Shelby

For Student

APR 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Allen E. Hark

Licensed Embalmer No.

4063

P. O. Address

Green Ridge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No Permit issued